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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/978,982 10/15/2001 PAT 6,667,041
 which is a CON of 09/463,040 01/17/2000 PAT 6,365,164
 which is a 371 of PCT/US98/14625 07/15/1998
 which claims benefit of 60/052,580 07/15/1997

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 11/28/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 0	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22442

TITLE

USE OF NEUROTOXIN THERAPY FOR TREATMENT OF UROLOGICAL-NEUROLOGICAL DISORDERS
 ASSOCIATED WITH PROSTATE CANCER

FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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